

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

519

-62-001811

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 15 1962

## PLACE OF DEATH

a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in lb.

61 years

c. CITY

OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTE

5115 South Benton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5115 South Benton

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First Robert

Middle E.

Last King

4. DATE OF DEATH

Month

Day

Year

January 26, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-11-1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Drill Press Operator

10b. KIND OF BUSINESS OR INDUSTRY

Sinclair Oil Ref.

11. BIRTHPLACE (City and state or country)

Urbana, Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William M. King

13b. MOTHER'S MAIDEN NAME

Jane A. Hagood

14. NAME OF HUSBAND OR WIFE

Lucinda King (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT 5115 South Benton, K.C.Mo.

Mrs. Jessie M. Gillham (Foster Da.)

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral hemorrhage

DUE TO (c)

arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-8-61 to 11-10-61 and last saw her him alive on 11-10-61  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE  
R. O. King

(Degree or title)

22b. ADDRESS

3102 Trout

22c. DATE SIGNED

1-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-29-1962

23c. NAME OF CEMETERY OR CREMATORY

Maple Hill Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Kansas

24. FUNERAL DIRECTOR

ADDRESS

Simmons Funeral Home K.C. Kansas

25. DATE RECD. BY LOCAL REG.

1-29-62

26. REGISTRAR'S SIGNATURE

Ruth N. Long

(Licensed Embalmer's Statement on Reverse Side)

50 1.13.25

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed May E. Meyer  
Licensed Embalmer No. 4555

P. O. Address H. E. Hs.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.